



REGISTERED OFFICE & OPERATIONAL 1: Via San Benedetto, 1837 - 40018
San Pietro in Casale (BO) Italy
OPERATIONAL HEADQUARTERS 2: Via Due Ponti, 19 - 40050
Argelato (BO) Italy
Tel. +39 (0) 51.81.13.75 Fax +39 (0) 51.666.94.00
www.bebdental.it lab.guided@bebdental.it

B&B DENTAL GUIDED SURGERY FORM

IMPORTANT NOTE: the clinical responsibility of the case is always assigned to the requesting Doctor who always has the obligation to evaluate the planning before approving it.

Doctor's name and surname:

Patient's name and surname:

Date of request:

Expected date of surgery:

Type of edentulism: Partial Total Treated arch: Upper Lower

Clinical consult: Yes No

PLEASE FILL IN CASE OF REQUIRED CLINICAL CONSULT:

Kind of prosthesis:

Screw retained Cemented Overdenture All-on-four All-on-six

Implant positions:

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Usefull information:

Post extraction implants:

Teeth will be: Keep as support for surgical guide Remove before guided surgery

SPECIAL REQUESTS:

Surgical guide: Virtual flaps Guide extention From element N° to
 Windows for flaps Lateral fixin pins Quantity

Model:

Prototyped STL File With standard analogues With 3D analogues

I would like to receive a PMMA Multilayer temporary prosthesis: Yes No

Doctor's stamp and signature:

or write doctor's name and click the box for approval: